

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) ▼

1445 New York Avenue NW

Ste 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00359539

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer

Steven Debnar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 02 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 02 / 28 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		94125.67
(b) Cash on Hand at Beginning of Reporting Period.....	66665.26	
(c) Total Receipts (from Line 19) .....	80676.31	117343.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	147341.57	211468.96
7. Total Disbursements (from Line 31) .....	84664.60	148791.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	62676.97	62676.97
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 01 2015

To:

 M M / D D / Y Y Y Y Y  
 02 28 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

77914.65

111103.30

(ii) Unitemized .....

2761.66

6239.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

80676.31

117343.29

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

80676.31

117343.29

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

80676.31

117343.29

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

80676.31

117343.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	664.60	1291.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	664.60	1291.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84000.00	147500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84664.60	148791.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84664.60	148791.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	80676.31	117343.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80676.31	117343.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	664.60	1291.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	664.60	1291.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Rex A. Amonette**

Mailing Address 665 S Willett St

City

Memphis

State

TN

Zip Code

38104-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memphis Dermatology Clinic, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 12 / 2015

**Transaction ID : F3A01DDCDCD9553FD31**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. John Paul Anders**

Mailing Address 4370 Bonnie Brook Rd

City

Ottawa Hills

State

OH

Zip Code

43615-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anders Dermatology Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2015

**Transaction ID : 136092BCD36B3D44F74**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Maryam Mandana Asgari**

Mailing Address 33 La Cresta Rd

City

Orinda

State

CA

Zip Code

94563-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser

Occupation

Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

02 / 18 / 2015

**Transaction ID : 7C9A7DC6524EE2B7D0D**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 7 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Debra L. Bailey**

Mailing Address 2903 Boyds Cove Dr

City

Annapolis

State

MD

Zip Code

21401-7395

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : FF4CFDD16B61CA7F58C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mark R. Balle**

Mailing Address 693 Lake Shore Rd

City

Grosse Pointe Shor

State

MI

Zip Code

48236-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Medical Center-Columbus

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : 79E470650218300E101

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cynthia L. Bartus**

Mailing Address 1634 Finches Garden Rd

City

Bethlehem

State

PA

Zip Code

18015-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Dermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : C7587A851F7A6184C24

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Rodney S. W. Basler**

Mailing Address 2700 Eastgate St

City

Lincoln

State

NE

Zip Code

68502-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Lincoln Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 23 / 2015

**Transaction ID : 16866E347C094E7A188**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Andrew K. Bean**

Mailing Address 29762 310th Street

City

Waukee

State

IA

Zip Code

50263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 17 / 2015

**Transaction ID : E001E790EA57AA9DD40**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Daniel D. Bennett**

Mailing Address 1119 Van Buren St

City

Madison

State

WI

Zip Code

53711-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin School of Medi

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2015

**Transaction ID : D27F548D-424F-414F-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Scott D. Bennion**

Mailing Address 2546 E 2nd St  
Ste 400

City Casper State WY Zip Code 82609-2062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Wyoming Skin Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 16 / 2015

**Transaction ID : 4C9FFB8D-42DC-440A-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Neal D. Bhatia**

Mailing Address 9025 Balboa Ave  
Ste 105

City San Diego State CA Zip Code 92123-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Therapeutics Clinical Research

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

02 / 27 / 2015

**Transaction ID : 174BF1B8-B251-4638-**

Amount of Each Receipt this Period

1001.00

Full Name (Last, First, Middle Initial)

**C. Michael G. Bodnar**

Mailing Address 94 Oak View Ct

City Simi Valley State CA Zip Code 93065-8226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2015

**Transaction ID : 3506C1F2-967B-4361-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2501.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. David R. Bonney

Mailing Address 300 Mercer St  
Apt 29K

City State Zip Code  
New York NY 10003-6742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Dermatology Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : 28AB33B56F57424CDC5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald Ralph Brancaccio

Mailing Address 67 Perry St

City State Zip Code  
New York NY 10014-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Skin Institute of New York

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : 7FE8C427F399FBE5BBE

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Megan Ann Brelsford

Mailing Address 3536 Louisiana St

City State Zip Code  
San Diego CA 92104-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2015

Transaction ID : 2DE088E3-8CED-4C94-

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1305.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert T. Brodell**

Mailing Address 106 Chadwyck Pl

City

Madison

State

MS

Zip Code

39110-6508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	5

**Transaction ID : 0ED2C0AA-C5C9-4C47-**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Craig N. Burkhart**Mailing Address 410 Market St  
Ste 400

City

Chapel Hill

State

NC

Zip Code

27516-4061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Univ of NC at Chapel Hill

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	5

**Transaction ID : BAC472AC-0A97-4547-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Sanders Richard Callaway**

Mailing Address 3819 Shoal Creek Ct

City

Martinez

State

GA

Zip Code

30907-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Specialists of Augusta

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	5

**Transaction ID : C512C6380500A13BCFB**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1355.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Phillip Callen**

Mailing Address 4516 Ivy Crest Cir

City

Louisville

State

KY

Zip Code

40241-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Louisville

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : 1705D7956D6AB865CF1**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Roger I. Ceilley**

Mailing Address 6000 University Avenue, #482

City

W. Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : 6747C8D9962A5CC5AE4**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Clay J. Cockerell**

Mailing Address 4312 Arcady Ave

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cockerell Dermatopathology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 23FFA87E41357ADF30F**

Amount of Each Receipt this Period

416.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

1916.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Brett M. Coldiron**

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Skin Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : B867A635032C4684706

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Janice L. Davolio**

Mailing Address 800 Fairmount Ave  
Ste 425

City

Pasadena

State

CA

Zip Code

91105-3188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huntington Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : EAB3821D8716D120869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Eileen Matilda Deignan**

Mailing Address 290 Baker Ave

City

Concord

State

MA

Zip Code

01742-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : 76810D5F-FA6A-4D2F-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Scott M. Dinehart**

Mailing Address 28 Chimney Sweep Ln

City

Little Rock

State

AR

Zip Code

72212-2083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : 79BEE8238830ED7684E**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robbie Beth Drossner**

Mailing Address 2350 South Avenue

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 09 / 2015

**Transaction ID : 674C6873C164E102210**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lawrence F. Eichenfield**

Mailing Address 8010 Frost St

Pediatric and Adolescent Dermatolo

City

San Diego

State

CA

Zip Code

92123-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rady Children's Hosp.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : 1E3721AE-4250-4726-**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Dirk Michael Elston**

Mailing Address 145 E 32nd St  
 FI 10

City State Zip Code  
 New York NY 10016-6055

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Ackerman Academy of Dermatopathology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

Transaction ID : 9916635E-2C4E-45F6-

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

**B. Marvin Leroy Engel**

Mailing Address 169 Requa Rd

City State Zip Code  
 Piedmont CA 94611-4037

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Edward a Becker M.D

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

Transaction ID : 21B1DDE1329ED33B843

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Rutledge Forney**

Mailing Address 59 E Park Ln NE

City State Zip Code  
 Atlanta GA 30309-2725

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Dermatology Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

Transaction ID : 4C31D0B3-03B9-4EFD-

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

3001.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. R. John Fox Jr.**

Mailing Address 7705 Valburn Dr

City	State	Zip Code
Austin	TX	78731-1153

FEC ID number of contributing federal political committee.

C

Name of Employer

Austin Dermcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

Transaction ID : 58B8EF53D2FC917E25C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Sheila Fallon Friedlander**

Mailing Address 8020 Frost Street

City	State	Zip Code
San Diego	CA	92123

FEC ID number of contributing federal political committee.

C

Name of Employer

Rady Children's Hospital

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : AD636FB6E7A313589AC

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Erin Scott Gardner**Mailing Address 3009 N Ballas Rd  
Ste 300A

City	State	Zip Code
Saint Louis	MO	63131-2354

FEC ID number of contributing federal political committee.

C

Name of Employer

Dermatology Specialists of St. Louis

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

Transaction ID : 6C8F20B7-5813-4C4B-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3750.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael T. Gette**

Mailing Address 2201 Forest Hills Dr  
Ste 7

City Harrisburg State PA Zip Code 17112-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saye & Gette Dermatology Associates, P

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2015

**Transaction ID : A2FEA168-E34C-4973-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Peter Michael Goldman**

Mailing Address 425 N Maple Dr  
Unit 504

City Beverly Hills State CA Zip Code 90210-5903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Goldman Dubow Medical Grp

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2015

**Transaction ID : 4EDABDCEF306A20F77E**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Jane Margaret Grant-Kels**

Mailing Address 108 Vermillion Dr

City Avon State CT Zip Code 06001-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Connecticut Health Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 05 / 2015

**Transaction ID : 4DB8A08D24C27639A50**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

800.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Lawrence J. Green**

Mailing Address 7820 Mary Cassatt Dr

City

Potomac

State

MD

Zip Code

20854-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 18 / 2015

Transaction ID : EC728EF1C557EE01EB8

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Terry P. Hadley**

Mailing Address 32 Hugh Cargill Rd

City

Concord

State

MA

Zip Code

01742-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2015

Transaction ID : 81EC7BFE88A59029EAB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Shannon I. Heck**

Mailing Address 4160 N 55th Pl

City

Phoenix

State

AZ

Zip Code

85018-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Skin Specialists

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 06 / 2015

Transaction ID : 6D47A9019521AAF129F

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Stephen E. Helms**

Mailing Address 114 Glenwood Bnd

City

Madison

State

MS

Zip Code

39110-6575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Dermatology and Allergy

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 16 / 2015

**Transaction ID : DBFD8370-D505-469A-**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Janet G. Hickman**

Mailing Address 107 Lee Cir

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 09 / 2015

**Transaction ID : CB861AD3-37FA-4839-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kevin P. Hogan**

Mailing Address 45 Thomas Johnson Dr  
Ste 209

City

Frederick

State

MD

Zip Code

21702-4490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frederick Dermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 10 / 2015

**Transaction ID : 9417EAA6-D0E4-47C0-**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. J. William Holtze**

Mailing Address 5300 Woodland Ave

City

Des Moines

State

IA

Zip Code

50312-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Iowa Clinic PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2015

**Transaction ID : 2C849AEEA8CAD232820**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard H. Hope**

Mailing Address 9303 Raleigh Ave

City

Lubbock

State

TX

Zip Code

79424-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lubbock Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : 1C9383877EC78FBA9D0**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. George J. Hruza**

Mailing Address 1001 Chesterfield Pkwy E  
Ste 101

City

Chesterfield

State

MO

Zip Code

63017-2167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laser and Dermatologic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : C6FD6C92-2D52-4D07-**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Andrew Laurence Kaplan**

Mailing Address 501 Office Center Dr

Skin Cancer and Mohs Surgery, Ste

City State Zip Code  
Fort Washington PA 19034-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Philadelphia Institute of Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2015

**Transaction ID : 4153F340-FE4C-4BC4-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. J. Matthew Knight**

Mailing Address 520 W Harvard St

City State Zip Code  
Orlando FL 32804-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Knight Dermatology Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : B0734551BE1EB610697**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Hazle Smith Konerding**

Mailing Address 205 Cyril Ln

City State Zip Code  
Richmond VA 23229-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commonwealth Dermatology PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 5C63BE49B7C86AD34F8**

Amount of Each Receipt this Period

416.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2416.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Carrie L. Kovarik**

Mailing Address 3600 Spruce St

Department of Derm 2 Maloney Build

City

State

Zip Code

Philadelphia

PA

19104-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of Pennsylvania

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 17 / 2015

**Transaction ID : 7967DFDB-95B4-4F46-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James M. Krell**

Mailing Address 818 Essex Rd

City

State

Zip Code

Birmingham

AL

35222-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Total Skin & Beauty Dermatology Center

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 23 / 2015

**Transaction ID : 7B9F13538694308EBA8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Katarina Gabrielle Lequeux-Nalovic**

Mailing Address 3525 Piedmont Rd NE

Building 6, Ste 220

City

State

Zip Code

Atlanta

GA

30305-1578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Atlanta Skin Cancer Specialists, P.C.

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2015

**Transaction ID : 3ED371A7-7C98-4873-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Tehming Liang**

Mailing Address 7 Tumblebrook Ct

City

Burr Ridge

State

IL

Zip Code

60527-0702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2015

**Transaction ID : 166C87E250D078326AA**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Henry W. Lim**

Mailing Address 7 Elmsleigh Ln

City

Grosse Pointe

State

MI

Zip Code

48230-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 17 / 2015

**Transaction ID : FCFB0B284AED83C72DC**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**c. John C. Long Jr.**

Mailing Address 2578 John Anderson Dr

City

Ormond Beach

State

FL

Zip Code

32176-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 09 / 2015

**Transaction ID : 005E87B3BD0D74ABFE1**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Sherri A. Long**

Mailing Address 19 Evergreen Rd

City

North Oaks

State

MN

Zip Code

55127-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Metro Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

02 / 09 / 2015

Transaction ID : 720C0D79A3E3C5A87F9

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

**B. Stephen Roger Marshall**

Mailing Address 2507 N Meadow Lake Dr

City

Hutchinson

State

KS

Zip Code

67502-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 23 / 2015

Transaction ID : 244FFD0833188F99778

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mary C. Martini**

Mailing Address 345 E Ohio St  
Apt 4003

City

Chicago

State

IL

Zip Code

60611-4565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Univ. Medical Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 23 / 2015

Transaction ID : 96FAB88FB8F8351E766

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2251.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Renee J. Mathur**

Mailing Address 913 Menoher Blvd

City

Johnstown

State

PA

Zip Code

15905-2834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2015

**Transaction ID : 3182258F-9830-41AF-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brent R. Moody**

Mailing Address 319 Walnut Dr

City

Nashville

State

TN

Zip Code

37205-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin Cancer & Surgery Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

02 / 08 / 2015

**Transaction ID : 090ECAC8-BD59-420A-**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**c. Brent R. Moody**

Mailing Address 319 Walnut Dr

City

Nashville

State

TN

Zip Code

37205-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin Cancer & Surgery Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

02 / 08 / 2015

**Transaction ID : B05868A8-CAB5-4B50-**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3900.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald L. Moy**

Mailing Address 9663 Santa Monica Blvd

City

Beverly Hills

State

CA

Zip Code

90210-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moy-Fincher-Chipps

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 13 / 2015

**Transaction ID : 5E08750D17EBBAC28AD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Suzanne Olbricht**

Mailing Address 41 Mall Rd

Department of Dermatology

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lahey Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3515.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2015

**Transaction ID : B4CA952E-8D8D-4494-**

Amount of Each Receipt this Period

3515.00

Full Name (Last, First, Middle Initial)

**C. Elise Olsen**

Mailing Address 109 Carolina Forest Road

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

MM / DD / YYYY  
02 / 03 / 2015

**Transaction ID : 9D1E7E70545EDAE7834**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4765.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Margaret E. Olsen**

Mailing Address 1527 Tigertail Road

City State Zip Code  
Los Angeles CA 90049

FEC ID number of contributing federal political committee.

C

Name of Employer

Margaret &amp; Olsen, MD, Inc.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : BCEADD16233B97DA460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nishit Sharadchandra Patel**

Mailing Address 12901 Bruce B Downs Blvd  
Department of Dermatology and Cuta

City State Zip Code  
Tampa FL 33612-4742

FEC ID number of contributing federal political committee.

C

Name of Employer

University of South Florida Morsani Co

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : 140D0D16-48AA-41A5-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Kelley Pagliai Redbord**

Mailing Address 2720 N St NW

City State Zip Code  
Washington DC 20007-3323

FEC ID number of contributing federal political committee.

C

Name of Employer

Dermatology and Dermatologic Surgery G

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2015

Transaction ID : 316AB38A-3EF3-47DB-

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Thomas E. Rohrer**

Mailing Address 1244 Boylston St  
Ste 302

City State Zip Code  
Chestnut Hill MA 02467-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin Care Physicians

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : 18537F97-81D1-445B-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Howard D. Rosenman**

Mailing Address 1569 Doe Trail Ln

City State Zip Code  
Yardley PA 19067-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rosenman &amp; Levinthal PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : 397B62716FA29333BD6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Adam Rubin**

Mailing Address 3600 Spruce St  
2 Maloney Building

City State Zip Code  
Philadelphia PA 19104-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPHS Dept of Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2015

Transaction ID : B0F3B1B6-5EB4-4CCC-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Anna M. Sarno Ryan**

Mailing Address 1650 Elm St  
Ste 101

City State Zip Code  
Manchester NH 03101-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : 3EA6C571-4547-48FF-**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ritu Saini**

Mailing Address 225 E 34th St  
Apt 5G

City State Zip Code  
New York NY 10016-4731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NY Medical Skin Solutions, PLLC

Occupation

Mohs Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : 45EE3201F576BCB1DF1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Daniel M. Siegel**

Mailing Address 33 Hitherbrook Rd

City State Zip Code  
Saint James NY 11780-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Skin Cancer And Dermatolog

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 271473A0B9ADCBA293B**

Amount of Each Receipt this Period

416.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

966.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. David N. Silvers**

Mailing Address 1105 Park Ave  
Apt 9B

City State Zip Code  
New York NY 10128-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : D06698F0288164F9857**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. James M. Spencer**

Mailing Address 2234 Coffee Pot Blvd NE

City State Zip Code  
Saint Petersburg FL 33704-4652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2015

**Transaction ID : 4CEF1C23-EE7C-42DE-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lori Anne Spencer**

Mailing Address 114 Leopold Ct

City State Zip Code  
Landenberg PA 19350-9517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Panzer Dermatology & Cosmetic Surgery

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : 7FD851CC0270A6A9106**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Charles B. Stoer**

Mailing Address 4525 SW 13th Street

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 06 / 2015

**Transaction ID : AC751C03E80076685C8**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Timothy Jon Storer**

Mailing Address 2561 Aikin Cir S

City

Lewis Center

State

OH

Zip Code

43035-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

02 / 12 / 2015

**Transaction ID : 9709860F6C0E8F00A8A**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Dow B. Stough IV**

Mailing Address 3633 Central Avenue

City

Hot Springs

State

AR

Zip Code

71913-6475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Dermatology Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2015

**Transaction ID : 0E4EEB0ACA0843A6557**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. John Strasswimmer**

Mailing Address 2605 W. Atlantic

City State Zip Code  
 Delray Beach FL 33445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : 41AF47D79BB0DB4D81F**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Michael Rebert Warner**

Mailing Address 303 Upper College Ter

City State Zip Code  
 Frederick MD 21701-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Cosmetic & Skin Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : 489DE67A7A14E4B0EAD**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Aaron Addison Westphal**

Mailing Address 115 Martys Rd

City State Zip Code  
 Boone NC 28607-5508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boone Dermatology Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : 67590E1F3D71BAB8D17**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

5865.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert J. Willard**

Mailing Address 3960 S Mallard Ln

City

Doylestown

State

PA

Zip Code

18902-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology & Mohs Surgery Center, PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 12 / 2015

Transaction ID : 038F3683FEF3714637D

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. James Todd Williams**

Mailing Address 1871 Queens Meadow Ct

City

Asheboro

State

NC

Zip Code

27205-8797

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asheboro Dermatology & Skin Surgery Ce

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2015

Transaction ID : D56C0BC6A029923B7ED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Allan S. Wirtzer**

Mailing Address 4836 Van Nuys Blvd

City

Sherman Oaks

State

CA

Zip Code

91403-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MidValley Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2015

Transaction ID : 89219401-142E-43A7-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel David Witheiler**

Mailing Address 1411 N Beckley Ave  
Pavilion 3 Suite 470

City State Zip Code  
Dallas TX 75203-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 03 / 2015

**Transaction ID : 20883504-4564-4B20-**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Keith D. Wright**

Mailing Address 3084 Arden Rd NW

City State Zip Code  
Atlanta GA 30305-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Gwinnett Dermatology Associates

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 11 / 2015

**Transaction ID : F9D4FF57-7175-4485-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Saryna Putman Young**

Mailing Address 210 Westchester Ave

City State Zip Code  
White Plains NY 10604-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Westchester Medical Group

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2015

**Transaction ID : 13E0A4BB-6605-43D6-**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Larissa L. Zaulyanov-Scanlan**

Mailing Address 211 Venetian Dr

City

Delray Beach

State

FL

Zip Code

33483-6833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin and Cancer Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : 28365BD1648E608EA7E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

77914.65

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown      State MD      Zip Code 21741

Purpose of Disbursement  
VS/MC Fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02      10      2015

Transaction ID : VFBD01628949A0D88A88

Amount of Each Disbursement this Period

658.64

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

658.64

658.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ami Bera for Congress**

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ameriash B. Bera**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : 86C707DD7C2622044AA**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Mailing Address PO Box 426

City	State	Zip Code
Stevensville	MD	21666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Andrew P. Harris**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : 06F9A14260B772500D4**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Daniel J. Benishek**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : 3A174D3AF8EC3D0F1C4**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Big Sky Opportunity PAC**

Mailing Address PO Box 1618

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

Big Sky Opportunity PAC

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

Transaction ID : 13E106A2DCE894F91E6

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bucshon for Congress**

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement  
2016 Primary

011

Candidate Name

Larry D. Bucshon

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Transaction ID : B5C974936894B5BABCD

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210-0137

Purpose of Disbursement  
2016 Primary

011

Candidate Name

Cathy McMorris Rodgers

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

Transaction ID : 1D5DD5E95374196B86F

Amount of Each Disbursement this Period

1000.00
---------

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Raul Ruiz**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : 55EB076285C44E3BDDA**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Freedom Project; the**

Mailing Address 320 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Freedom Project; the**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : 6FC4DCE82B6ED05D6B0**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Pitts**

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph R. Pitts**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : 52F429C3B6FDCC66A04**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2016 Primary

011

**Transaction ID : AC4A6AE02B012E213ED**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**John A. Boehner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: OH District: 08Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
2016 Primary

011

**Transaction ID : D1EBAFE8A61718CDF8B**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Kelly A. Ayotte**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President  
State: NH District:Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 General

011

**Transaction ID : EB8FB4BFCAD41A03AC5**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Charles E. Schumer**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President  
State: NY District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Guthrie for Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement  
2016 Primary

Candidate Name

**S. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

**Transaction ID : E770CE8FDB6672DD8D7**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement  
2015 Contribution

Candidate Name

**Healthcare Freedom Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

**Transaction ID : ACCF09925642D63878D**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**Mailing Address 700 13th Street NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2016 Primary

Candidate Name

**Steny H. Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : FFF678333F4C777D716**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Kristi for Congress**

Mailing Address PO Box 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kristi Lynn Noem**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

**Transaction ID : 4665BB75E92A521256F**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601-1441

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Lynn Jenkins**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : 41EE3710DC493462F3B**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202-2334

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Clifton Burgess**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : EE60D106A19235AC8DF**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202-2334

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Clifton Burgess**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : 804696D6D8A77DD6309**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Morgan Griffith for Congress**

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**H. Morgan Griffith**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : A94A40EC506474217E6**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Pallone Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : FD0A50196158F141907**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Pat Meehan for Congress**

Mailing Address 50 S Providence Road

City Media	State PA	Zip Code 19063-3531
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Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick L. Meehan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : C7A91BD713837BF8BF3**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City Roswell	State GA	Zip Code 30077
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Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas E. Price M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : D63CF91FD94A0A5CD23**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville	State WI	Zip Code 53547-1488
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Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Paul Ryan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

**Transaction ID : 029C307C5B320C84B8D**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**

Mailing Address PO Box 23219

City  
JeffersonState  
LAZip Code  
70183-3219Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen J. Scalise**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

**Transaction ID : B6792B07A888D5EA642**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Shore PAC**

Mailing Address PO Box 3157

City  
Long BranchState  
NJZip Code  
07740Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Shore PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : 76DC928BB0DD5CC2EEF**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. The Eye of the Tiger Political Action Committee**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152-0485Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**The Eye of the Tiger Political Action Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : 9984E618CDB09A48C96**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Upton for All of Us**

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Fredrick Stephen Upton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : F75A90BC9896EF79D81**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Vernon Buchanan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

**Transaction ID : FD5F1F2A485788D012A**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ron Wyden**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : 1257C63B24003749667**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

84000.00